## BEST AVAILABLE COPY

PATENT	<b>APPLICATION</b>	FEE	DETERN	MOITAMIN	RECORD
	Effective	e Octo	ober 1, 2	000	

Application or Docket Number

Effective October 1, 2000							09935099									
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY			OTHER THAN OR SMALL ENTITY							
TOTAL CLAIMS				(Coldinii 2)		RA		FEE		RATE	FEE					
FOR		2/		NUMBER EXTRA		BASI		1		BASIC FEE						
		NUMBER FILED		NOWBEREATRA		-		333.00	ОН		710.00					
TOTAL CHARGEABLE CLAIMS			2/_minus 20= * /		X\$	9=		OR	X\$18=	18.0						
INDEPENDENT CLAIMS			3_ minus 3 = Ø		X4	0=		OR	X80=							
MULTIPLE DEPENDENT CLAIM PRESENT					+13	5=		OR	+270=							
* If the difference in column 1 is less than zero, enter "0" in column 2						TO	AL		OR	TOTAL	728.0					
Claims as amended - Part II									<u></u>	] •	OTHER					
		(Column 1)		(Colur	nn 2)	(Column 3)	SMA	SMALL ENTITY OR SMALL ENTITY				31				
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE				
NOR	Total	· 21	Minus	·· 3	1	= 2	X\$	9=		OR	X\$18=					
AME	Independent	· a	Minus	***	3	=	X40	)=		OR	X80=					
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+13	5=		OR	+270=							
							TO ADDIT.	TAL		OR	TOTAL ADDIT, FEE					
		(Column 1)		(Colur	nn 2)	(Column 3)	ADDII.				ADDN: 1 EEE					
AMENDMENT B	<u>.</u>	CLAIMS REMAINING AFTER AMENDMENT	ري منور	HIGH NUM PREVIO PAID	EST BEA DUSLY	PRESENT EXTRA	RA	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE				
	Total	· 21	Minus	S	1	= Ø	X\$	9=		OR	X\$18=					
	Independent	. 2	Minus		3	= 03	X40	)=		OR	X80=					
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+13	5=		OR	+270=					
								OTAL			TOTAL					
		<b></b>				(5.1	ADDIT.	FEE	<u></u>	OR	ADDIT. FEE					
<u></u>		(Column 1) CLAIMS	1	(Colur		(Column 3)				1						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RA <sup>-</sup>	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE				
NON	Total	*	Minus	**		=	X\$	9=		OR	X\$18=					
AME	Independent	*	Minus	***		=	X40	)=		OD	X80=					
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDENT	CLAIM		<u> </u>			OR						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.																
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE OR ADDIT FEE																
	The "Highest Nun	ber Previously Pa	id For" (Total o	r Independ	ent) is the	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										